

Volunteer Name

Michigan Department of Natural Resources Parks and Recreation Division

STEWARDSHIP VOLUNTEER REGISTRATION

Reference Michigan DNR Policy/Procedure 23.01.02 Volunteer Services Provided By Non-DNR Staff

INSTRUCTIONS: Please provide your name, telephone number(s), and as much of the other information as possible.

This information will help us plan the workdays, and allows us to contact you, should plans change.

Date

INDIVIDUALS Complete one Registration per individual.

GROUPS Group leader or Contact Person should complete one Registration for the group.

Address				County	
City			State	ZIP	
E-Mail Address Home Te			elephone	Work Telephone	
		()	()	
Group Name or Affilia	ition (if applicable)			Number in Group	
Name of person to contact in case of emergency			Relationship	Telephone	
				()	
Please list the	stewardship volunteer work	day(s) y	ou wish to parti	cipate in below:	
DATE	PARK OR RECREATION AREA	\	DATE	PARK OR RECREATION AREA	

Mail to: STEWARDSHIP VOLUNTEER REGISTRATION

PARKS & RECREATION

SOUTHFIELD OPERATIONS SERVICE CENTER

MICHIGAN DEPARTMENT OF NATURAL RESOURCES

26000 WEST EIGHT MILE ROAD SOUTHFIELD, MI 48034-5916

or FAX to: (248) 355-2669